

<b>TAX YEAR 2025</b>	<b>INDIVIDUAL TAX ORGANIZER</b> (763) 220-2262 * CONTACT@THIRUTAXSERVICES.COM * WWW.THIRUTAXSERVICES.COM	<b>THIRU TAX SERVICES</b>
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Thank you for choosing our tax preparation services. **Please be sure to organize all of your tax documents prior to completing this form. For any questions answered YES, include supporting documents or details.**

Review our [Tax Preparation Checklist](#) to organize the documents you may need.

**IMPORTANT:**

- Please take time to **complete all sections** of this form. **You are responsible for the information on your return. Provide complete and accurate information.**
- Upload a copy of Social security cards or ITIN Letters of all personal on your return.
- Upload a copy of your Pictured ID (Valid Driver's License or State ID) for you and your spouse if you have one.

***This organizer and any further information required on your return must be completed and submitted no later than April 1, 2026 to meet the tax filing deadline. Any information received after this date may result in filing an extension of your tax return.***

**SECTION 1 - TAXPAYER INFORMATION** *(If you are filing a joint return, please use the same primary taxpayer as in last year's return.)*

First Name		Middle Initial	Last Name		SSN / ITIN
Date of Birth (mm/dd/yyyy)		Job Title	Email Address		Phone Number
Mailing Address					
Did your marital status change this past year?		Yes	No	Did you or your spouse live or work in two or more states this past year?	
				Yes No	
As of December 31, 2025, what was your marital status					
<b>Never Married</b>		<b>Widowed</b>		Year of spouse's death	
				<b>Divorced</b>	Date of final decree
<b>Married</b>		Were you married on the last day of the year?		Yes	No
				<b>Legally separated but not divorced</b>	
Did you and your spouse live <b>apart all of the last 6 months</b> of the year?		Yes	No	Date of separate maintenance decree	
Can anyone else claim you or your spouse on their tax return?		Yes	No	Is your (& your spouse) main home in U.S. for more than half of 2025	
				Yes No	
Check if you or your spouse were in 2025:					
A U.S. Citizen or Permanent Resident		You	Spouse	Legally blind	You Spouse
A full-time student		You	Spouse	Totally and permanently disabled	You Spouse
Owners or holders of any digital assests		You	Spouse	Issued an identity protection PIN (IPPIN)	You Spouse
				Like \$3 to go to the President Election Campaign Fund	You Spouse

**SECTION 2 - SPOUSE INFORMATION**

First Name		Middle Initial	Last Name		SSN / ITIN
Date of Birth (mm/dd/yyyy)		Job Title	Email Address		Phone Number

**SECTION 3 - DEPENDENTS INFORMATION** *List the details below of : \* everyone who lived with you in 2025 \* anyone you supported but did not live with you in 2025. Do not enter your name or your spouse's name below.*

Information Required	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Name (First, Last)					
Date of Birth (mm/dd/yyyy)					
Relationship (Child, Parent, etc.)					
SSN / ITIN					
# of months lived in your home in 2025					
U.S. Citizen or Permanent Resident					
Resident of Canada or Mexico					
Single or Married as of 12/31/2025					
Full-time student in 2025?					
Totally and permanently disabled					
Income (if any)					
Is the dependent filing their taxes					

Can anyone other than you claim the dependents listed above on their tax return?	Yes	No
Did you provide more than 50% of the living expenses for the dependents listed above?	Yes	No
Did the dependents live with you for all 12 months during 2025? If not, provide details on the additional comments section.	Yes	No
List & upload (to portal) the type of documents you have to support the above statements? Example: School Records, Health Records, Insurance, or similar.		

**SECTION 4 - INCOME INFORMATION***Check only the boxes that apply to you and/or your spouse (in 2025), and upload supporting documents for each selected option.*

Wages (Form W-2). How many jobs? You <input type="text"/> Spouse <input type="text"/>	Tips and/or Bartering Income (1099B, W2, Cash)
Interest or Dividends from banks, bonds, brokerage (1099INT, 1099DIV)	Alimony Income or separate maintenance payments
Sale of Stocks, bonds or real estate (1099B, 1099S, 1099OID)	Retirement Income, Pensions, Annuities, IRA distribution/withdrawal (1099R)
Unemployment benefits or Refund of State/Local Income Tax (1099G)	Social Security or Railroad Retirement Benefits (SSA-1099, RRB-1099)
Income from Self-Employment, Hobby (1099NEC, 1099MISC, 1099K, Cash)	Disability Income like insurance or workers compensation (1099R, W2)
Income from Partnership, LLC, Estate, Trust, S Corp (Schedule K1, W2)	Scholarships (1098T, 1042S, W2)
Income (or loss) from Rental Property. Complete <a href="#">this document</a> & upload.	Education Savings Account Withdrawal (1099Q)
Income from renting personal property such as vehicle	Gambling Winnings, including lottery, bingo, raffles (W2G)
Other Income (example: cash, check, payments, jury duty, awards, digital assets, royalties, union strike benefits, etc.) <b>Specify details in the Additional Comments section.</b>	

**SECTION 5 - EXPENSES***Check only the boxes that apply to you and/or your spouse (in 2025), and upload supporting documents for each selected option.*

Contributions to a retirement account - 401K <input type="checkbox"/> IRA <input type="checkbox"/> ROTH IRA <input type="checkbox"/> OTHER <input type="checkbox"/>	School supplies <b>by a teacher, teacher's aide or other educator</b>
	College or other educational expenses for self, spouse or dependents (1098T)
Paid any of the following expenses -	Student Loan Interest(1098E)
Medical, dental, prescription expenses <input type="checkbox"/> Mortgage Interest (1098) <input type="checkbox"/>	Alimony payments (do not include child support)
State, Local, Real Estate, Sales taxes <input type="checkbox"/> Charitable Contributions <input type="checkbox"/>	Car Loan Interest
Self-Employment Expenses. Complete <a href="#">this document</a> & upload.	Purchase of Electric Vehicle or Hybrid Vehicle
Purchase and install energy-efficient home items (example: windows, doors, furnace, insulation, solar panel). Attach receipts.	State taxes on a new vehicle purchased or leased
Child or dependent care expenses such as daycare ( <b>MUST COMPLETE</b> Child and Dependent Care section below)	Vehicle registration fees for new tab or tab renewal

**SECTION 6 - HEALTH CARE COVERAGE***Check only the boxes that apply to you and/or your spouse (in 2025), and upload supporting documents for each selected option.*

Have health care coverage for all 12 months?	Purchase health insurance through Marketplace (Exchange). Provide 1095A.
Received one or more of these forms 1095-B <input type="checkbox"/> 1095-C <input type="checkbox"/>	Have an exemption granted by the Marketplace
Participated or have an Health Savings Account (HSA) - (Form 5498SA)	Have distributions from HSA (Form 1099SA)

**SECTION 7 - OTHER EVENTS***Check only the boxes that apply to you and/or your spouse (in 2025), and upload supporting documents for each selected option.*

Adopt a child	Have a loss related to a declared Federal disaster area
Report a Capital Loss in last year's return on Form 1040 Schedule D	Receive any letter or bill from the IRS
Have a credit card, mortgage or other debt canceled/forgiven by a lender or have a home foreclosure (1099C, 1099A)	
Have a tax credit disallowed in prior year (example: child tax credit, american opportunity credit, earned income tax credit). If yes, for which tax year <input type="text"/>	
Make estimated tax payments or apply last year's refund to 2025 taxes. If yes, how much did you pay in 2025 for - Federal Payment <input type="text"/> State Payment <input type="text"/> Last year's refund applied to this year's taxes <input type="text"/>	
Did you make any gifts during the year directly or in trust exceeding \$19,000 per person. If yes, provide details on the Additional Comments section.	

**SECTION 8 - FOREIGN INCOME***Check only the boxes that apply to you and/or your spouse (in 2025), and upload supporting documents for each selected option.*

Have income outside USA (Example: Interest, Dividend, Investment income, Rental income, any other form). Provide details in Additional Comments section.
During the tax year did you have an aggregated value of \$10,000 or more on foreign financial accounts? Check this box if you want us to prepare the FBAR return for you? ( <b>There is an additional fee for FBAR return</b> ). Complete <a href="#">this document</a> & upload.
Do the following apply to you? If yes, complete <a href="#">this document</a> & upload. ( <b>This document is the same as the FBAR Information Sheet, so complete only one of them.</b> ) - single or married filing separately, and had \$50,000 on the last day of the tax year or more than \$75,000 any time during the year (OR) - married and had \$100,000 on the last day of the tax year or \$150,000 anytime during the year on your foreign financial accounts.

## SECTION 9 - FILING INFORMATION

Do you like to make estimated payments or apply your tax refund to your 2026 tax? If yes, provide the amount.

If you receive a refund, would you like a direct deposit? If yes, provide the below details -

Account Holder Name	<input type="text"/>	Account Number	<input type="text"/>	Account Type	<input type="text"/> Checking <input type="text"/> Savings
Bank Name	<input type="text"/>	Routing Number	<input type="text"/>	Is Account located outside the USA	<input type="text"/>

If you have a balance due, would you like to make a direct debit from the bank account listed above? If yes, provide the withdrawal date.

## SECTION 10 - CHILD AND DEPENDENT CARE

*To qualify for the credit, both spouse must have earned income or be a full-time student or actively sought employment*

Information Required	Dependent 1	Dependent 2	Dependent 3	Dependent 4	Dependent 5
Dependent Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the Child Care Provider	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider's EIN / SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider's Full Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider's Phone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Paid to Provider	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECTION 11 - ADDITIONAL COMMENTS